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ABSTRACT

The legal and legislative impetus in the education of handicapped students diverges away from restrictive, separate environments and moves toward the least restrictive alternative; that is, toward facilities more like those provided normal children. The "cascade" system is one model for special education delivery that provides a wide variety of services in a number of alternative settings. The system is a continuous series of less restrictive alternatives, which implies that handicapped children can be gradually transferred either away from or back toward the everyday classroom. In order to assist school districts in the development of a cascade of services, this report gathers together various plans for serving handicapped children in school. Each plan is at a different level in the continuum between the unmodified everyday classroom and the residential hospital. Most of the examples are public schools and most involve some kind of cooperation between school districts or between schools and other public agencies. (Photographs may reproduce poorly.) (Author/MLF)

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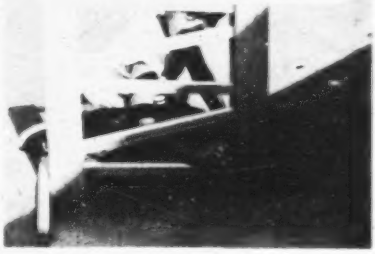
SCHOOL PLANNING FOR THE HANDICAPPED



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Foreword

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In the past, handicapped children were refused admission to public schools because they did not fit the environment. Today, the courts and state legislatures are mandating the right to a free public education suitable to the needs of all children. By the hundreds of thousands, children with mental, physical, learning, emotional, and multiple handicaps are going to public schools for the first time, and the law now requires that the environment must be changed to fit them.

This publication is not about architectural standards for barrier-free schools. Most state departments of education will supply such data to any school official requesting it. Rather, this report is about the implications of the new laws concerning the handicapped, and alternative methods of educating handicapped children in public schools. With support from the Rockefeller Brothers Fund, EFL is speaking out on this subject now because seven state mandates go into effect this September and scores of school districts have asked us for information.

Of course, barrier-free facilities and school district planning are only two small facets of the total problem. At this time, EFL and the Rockefeller Brothers Fund are jointly sponsoring a research project that covers many levels of care and education for all handicapped people. A report based on this research is expected early next year. If you have developed innovative facilities or know about new practices for treating and educating the handicapped, please write: EFL, Special Education Project, 477 Madison Avenue, New York, N.Y. 10022.

Larry Molloy, an EFL project director, researched and wrote this preliminary report on special education. He has visited many centers for the handicapped and reports that there are many changes occurring now and in store for this field. In general, schools and other public service agencies are beginning to share staff and pool resources in order to build new systems of treatment and education for the handicapped. Many of

these projects show that special education techniques and equipment now moving into regular schools are useful to all children and that, in the end, everyone benefits from better education for the handicapped.

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Seven million school-age children, roughly one out of ten in the United States, are handicapped. Collectively, such children comprise all persons between age five and 17 who are physically or mentally impaired to the point that they need help not required by normal youths. By universal agreement, a "handicapped" child has a speech, hearing or vision problem, may be learning disabled, crippled, or mentally or emotionally disturbed. Gifted children and those disadvantaged by social or economic problems are not included. According to the Council for Exceptional Children, a department of the National Education Association, fewer than 40 percent of these children are now enrolled in special education programs; the remaining children stay home, go to schools where they receive no special help, or reside in institutions.

The changing mandate for special education

All over the United States, handicapped children and their parents are demanding an equal opportunity for an appropriate education. What exactly an appropriate education means for handicapped children is at issue but, in general, state legislatures and federal courts are ruling that public schools may no longer refuse services to any child despite his handicap. A major part of the controversy over handicapped children concerns those in special schools and state institutions far from their local school districts who are now seeking admission to homes and schools within their community. Court decisions in Wisconsin, Maryland, Pennsylvania, Louisiana, Utah, and the District of Columbia, indicate that with rare exceptions, public schools must provide appropriate services for all handicapped children who reside within the district's boundaries, or, as the student's advocate, see that proper support services and aftercare are made available from local agencies. In short, the courts are setting guidelines for where, how, and with whom an appropriate education for handicapped children takes place.

Legislation and litigation

Today, all 50 states now have laws that provide some kind of educational services for handicapped children. However, most of these laws do not mandate a comprehensive education for all categories of handicaps. At this writing, only 17 states have laws which make a free public education available to all handicapped children. Ten states have used a combination of laws and special executive decrees to encourage the integration of handicapped children into local schools. In addition, two states, California and Hawaii, mandate equal education for the handicapped without legislation. Instead, the state departments of education issue a directive ordering equal education in all state school districts. In every mandate or state directive, the burden

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of implementation falls squarely on public schools. Every comprehensive state law mandating equal education for the handicapped requires that public schools must shoulder the primary responsibility for educating all handicapped children and emphasizes individual diagnosis, evaluation, and program delivery—not classification by labels or group category.

In addition to state legislation, the judicial system is also firmly upholding the rights of the handicapped to equal treatment, equal education, and equal opportunity. Lawsuits against various American school systems—notably the Pennsylvania Association for Retarded Children vs. the Commonwealth of Pennsylvania, Mills vs. the Board of Education of District of Columbia Public Schools, Lebanks vs. Spears of the Orleans (Louisiana) Parish Public Schools and the Maryland Association for Retarded Citizens vs. Maryland—have already been settled in favor of handicapped children. Together, these and other cases are formulating a general bill of rights for the handicapped. Such rights

States with comprehensive legislation and education services for handicapped children

Prepared by The Handicapped Children's Education Project
Education Commission of the States, 1974

State	Mandatory right to education legislation	Implementation date	Legal age	Legislation with mainstreaming provisions
1971				
Michigan	Public Act #198	7-1-72	birth - 21	Yes
1972				
Illinois	HB 323 & HB 322	7-1-72	3 - 21	No
Louisiana	Act #306	1973-74	3 - 21	Yes
Massachusetts	HB 6148, Ch. 71B	9-1-74	3 - 21	Yes
New Mexico	SB 14, Ch. 95	7-1-72	6 - 21	Yes
South Carolina	Act #977	2-14-72	6 - 21	No
South Dakota	Act #108		birth - 21	No
Tennessee	HB 2053, Ch. 839	7-1-72	3 - 21	Yes
Virginia	SB 132 (HB 770)	7-1-73	2 - 21	No
1973				
Arizona	HB 2256, Ch. 181	7-1-75	5 - 21	Yes
Arkansas	Act #102 (SB 19)	7-1-73	5 - 21	Yes
Colorado	HB 1060; HB 1164	7-1-75	5 - 21	Yes
Maine	HB 751	10-1-73	5 - 20	Yes
Maryland	SB 649, Ch. 359	7-1-73	birth - 20	Yes
Mississippi	HB 74	7-1-73	birth - 21	No
Missouri	HB 474	7-1-74	5 - 21	Yes
Nebraska	LB 403	7-1-74		No
North Dakota	HB 1090	7-1-75	6 - 20	No
Ohio	SB 405	7-1-73	birth - 21	No
Wisconsin	SB 185	8-9-73	3 - 21	Yes
1974				
California	AB 4040	pending	3 - 20	Yes
Iowa	SF 1163	7-1-75	5 - 21	Yes
Kansas	HB 1672	7-1-74/7-1-79	birth - 21	Yes
Montana	HB 386	7-1-74	6 - 21	No
New York	SB 8501	pending	3 - 21	Yes
North Carolina	HB 1814, Ch. 1293	7-1-74	5 - 18	
Ohio	SB 954 & HB 858	pending		
West Virginia	HB 1271	7-1-74	5 - 23	Yes

Additional states with some form of mandatory legislation include: Alabama, Alaska, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Jersey, Oklahoma, Pennsylvania, Rhode Island, Texas, Utah and Wyoming.

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include a free public education for all handicapped children regardless of the class or the severity of their handicap; an education appropriate to each child's individual needs, including toilet training and self-grooming as reasonable educational objectives; treatment and therapy in accordance with the disability; appropriate services within a reasonable period of time after application—usually within 15 days; due process; and the right of the least restrictive alternative.

The least restrictive alternative

For school planners, the last is the most important of all these rights because of its impact on the deployment of facilities and services for handicapped constituents. The term "least restrictive" is not included in the United States Constitution but, in a series of cases spanning many years, the Supreme Court has insisted that when a governing organization legitimately seeks to restrict a person's fundamental liberty, it must use the least restrictive alternative available. For schools, the least restrictive alternative is a principle that affirms any practice for the handicapped that is also provided for ordinary students but denies school officials the right to remove or restrict handicapped students without good reason and due process.

For example, many school districts frequently discharge their obligations to the handicapped by either providing tuition assistance for a private education, by transferring the student out of the state or district, or by constructing a special center in a remote corner of the district where all handicapped children are sent for learning and therapy. Each of these alternatives places the student in an excluded environment well removed from mainstream education. According to the least restrictive alternative concept, handicapped children should be sent to one of these environments only if their handicap is severe enough to necessitate complex services and only after access to a hearing with legal counsel. In addition, the educational objective, after a student is placed in a restrictive environment, should be integration into an appropriate public school. The same rights also apply to a less restrictive but nevertheless censuring placement in a special day school for the handicapped or a full-time special class. Of course, a school district can abrogate these rights in extreme cases, but only after holding a public hearing where all parties may have legal representation.

Put in different words, the least restrictive alternative means that among all alternatives for placement within a general educational system, handicapped children should be placed where they can obtain the best education at the least distance away from mainstream society. Whenever handicapped children are sent to a restrictive environment, such placement should be aimed at their eventual integration into an appropriate public school.

Legislation with provisions for planning

State/Local
Local
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State/Local
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State
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Local

Trend toward home schools

Misunderstanding the gist of court decisions, some school districts are constructing "all exceptional" centers where all handicapped children are sent for special treatment and training. Because of the courts, however, there is a visible trend away from these magnet centers for the handicapped. In fact, a growing number of lawsuits

are challenging the legitimacy of remanding students to such special centers. The Pennsylvania decision, for example, clearly states that it is more desirable to educate handicapped children in a program most like that provided for the nonhandicapped. For many handicapped children, this has meant integration into their home school. In Panitch vs. the State of Wisconsin, parents are seeking to stop a practice whereby their multiple handicapped children are sent to a special center outside the state. The suit calls for a free elementary and secondary education approved by both parents and the local school district.

In the New Orleans decision, Lebanks vs. Spears, the courts finally established a hierarchy of placement. This decree states, "that, among alternative programs and plans, placement in regular public school class with appropriate support services is preferable to placement in special public school class, and placement in special public school class is preferable to placement in a community training facility, and placement in a community training facility is preferable to placement in a residential institution or other program of education outside the Orleans Parish schools."

Thus, the impetus of the court decisions so far is away from secluded restrictive environments exiled from the community, and toward less restrictive, mainstream facilities most like those provided normal children, that is, the least restrictive alternative.

Most of these decisions recognize that public schools alone cannot offer every service handicapped children may need and no legislation or litigation has called for the abolishment of state institutions. Rather, the momentum of this new human rights campaign has altered the flow of students assigned to institutions and special education centers. Disabled children are being sent home from the institutions and their parents are calling upon local schools to provide the same services as they provide to any child, and in doing so, provide whatever remedial treatment is necessary.

The cascade

One of the basic issues between the new laws affecting the handicapped and old methods of special education is that the present system of schooling does not account for the many different needs of various states and degrees of handicap. Many school districts maintain only two alternatives for handicapped students: placement in a special education class well removed from regular academic instruction, or enrollment in a special school.

The "cascade" system, first introduced in 1962 by Maynard Reynolds of the University of Minnesota and recently adopted by the Council for Exceptional Children, is one model for special education delivery which provides a wide variety of services in a number of alternative settings. The system begins by assuming that the greatest number of handicapped children can be absorbed into ordinary schools with little change in existing programs. Gradually, with each modification to the normal classroom setting, a smaller number of students is provided with a greater amount of resources and services, until in the residential hospital, the highest level of care, the fewest children use the most expensive resources.

Between everyday classroom and residential hospital, the cascade system defines various additional

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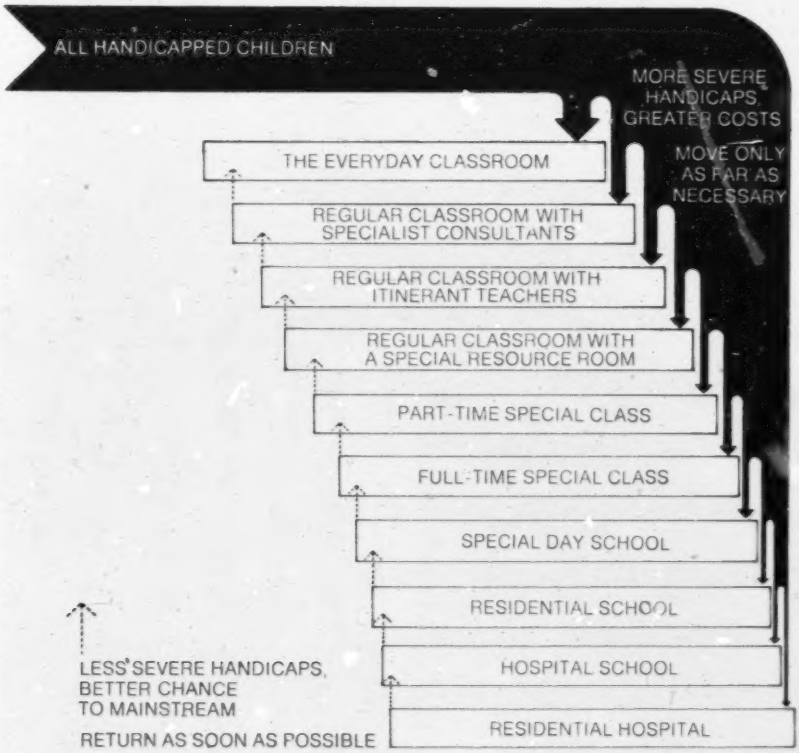
levels of care and treatment on a progressive scale. Within the regular classroom, for example, the cascade calls for three modifications before moving children to a full-time special education class: a specialist consultation program to reinforce the classroom teacher, an itinerant teacher program to regularly reinforce the child, and a resource classroom for the part-time instruction of handicapped children. From there, the cascade calls for special classes and after that, special schools. At each successive level of the cascade, the problems of

The cascade system


ALL HANDICAPPED CHILDREN
MORE SEVERE HANDICAPS, GREATER COSTS
MOVE ONLY AS FAR AS NECESSARY
THE EVERYDAY CLASSROOM
REGULAR CLASSROOM WITH SPECIALIST CONSULTANTS
REGULAR CLASSROOM WITH ITINERANT TEACHERS
REGULAR CLASSROOM WITH A SPECIAL RESOURCE ROOM
PART-TIME SPECIAL CLASS
FULL-TIME SPECIAL CLASS
SPECIAL DAY SCHOOL
RESIDENTIAL SCHOOL
HOSPITAL SCHOOL
RESIDENTIAL HOSPITAL
LESS SEVERE HANDICAPS, BETTER CHANCE TO MAINSTREAM
RETURN AS SOON AS POSSIBLE

children placed in the program are more severe, the program is more expensive, and there is less chance that the child will be able to return to a regular classroom.

Thus the cascade system is a model that calls for the implementation of various new alternatives to special classes and separate schools. It is important to note that the cascade is a continuous series of less restrictive alternatives which implies that handicapped children can be gradually transferred either away from or back toward the everyday classroom. Of course, such movement within the system is very difficult if a school system skips several levels or does not provide a continuous series of services.

Like most models, however, the cascade is only a theoretical prototype for the development of individual programs. In order to respond quickly to the immediate needs of their handicapped constituents, many school districts are designing new techniques to provide services that are not included in the cascade. As Reynolds pointed out in 1962, the cascade is a conceptual framework which does not represent the ultimate special education program. Instead, the cascade should be used as a standard for devising a total program tailored to the individual needs of each school district.

Alternatives for public schools

In practical application, few school districts have the resources or the capability to create an entire cascade system overnight or even within months. Handicapped children need compensatory facilities and equipment which many schools do not possess and sophisticated special programs which most schools do not now provide. In addition, some disabilities occur so infrequently in the general population that individual school districts cannot possibly offer the full range of program settings and services required for the low incidence handicaps. Nevertheless, the courts have determined that public schools will be held responsible for providing nonrestrictive services for the handicapped and within reasonable proximity to the local community.

Clearly, public school systems working alone cannot fulfill all the needs of every handicapped child. To serve these new constituents, school officials must begin to work more closely with each other and with architects, planners, therapists, government officials, psychologists, physicians, and the handicapped themselves for the development of interdistrict and interagency cooperative programs. Obviously, there is an urgent need for planning new systems of service which fit the circumstances of each school district yet which also meet criteria for a cascade of programs for handicapped students. Such planning should include an inventory of overlapping services along with a commitment to new alliances aimed at reducing duplication and filling the gaps in treatment and training. Unless schools and other public agencies cooperate by exchanging programs and pooling resources, many handicapped children will not receive the care and education they need and now lawfully deserve.

In the meantime, however, seven state mandates go into effect this year and public schools officials are seeking new methods of implementing programs for the handicapped. In order to assist school districts in the development of a cascade of services, this report gathers together various plans for serving handicapped children in school. Each plan is at a different level in the continuum between the unmodified everyday classroom and the residential hospital. Most of the following examples are public schools and most involve some kind of cooperation between school districts or between schools and other public agencies. However, none of these plans is presented here as a treatment or training model to be slavishly copied by other school districts. Rather, the following schools are emphasized because they have developed innovative alternatives for providing education, treatment, and therapy to handicapped children.

Survival school

One alternative to removing the handicapped student from mainstream society is to use the community as a learning laboratory. Rather than developing a special curriculum that is isolated from public view, the

Country Dale School in Franklin, Wisconsin, sends its handicapped students out of the classroom to take advantage of the abundant facilities and services offered in the community. In fact, June Malloy, special education teacher for the mentally retarded working with various community groups and organizations, turned her classroom into the general headquarters of a wide-range community survival program for junior high school students. The curriculum makes use of all the resources in the community—from botanical gardens and cultural facilities to dry goods stores and hamburger stands.

The intent is to reinforce academic education with techniques in how to "survive" in the American culture. During the course, Ms. Malloy's students use every form of vehicular transportation. They charter sightseeing planes, take buses to neighboring cities, catch trains for a trip to the state capital, and tour the Milwaukee harbor on board an excursion boat. At all times, each student is responsible for planning and arranging the trip—including buying tickets and making reservations.

What cannot be used in the community, June Malloy brings into the classroom. For example, a teletrainer unit on loan from the telephone company contains two phones and a switchboard. This is an excellent tool for developing telephone survival techniques and the students use it to learn how to make an emergency call, take messages, handle a social call, and even how to complete a shopping tour by phone. There is also a stove, refrigerator, and kitchen table for training in daily living, and the students manage, clerk, and stock a small school supply store.

In addition, various outside agencies bring programs into the classroom. For example, a Red Cross instructor gave a modified first-aid course specially geared to the needs of junior high school students. The instructor emphasized outdoor safety and covered the regulations and use of bicycles and boats. Since retarded students work best with factual rather than abstract learning, every part of the curriculum was designed for direct application to a student's present and future needs. Ms. Malloy reports that instead of the usual classroom lethargy, students come to class excited and eager to learn. Especially important is the fact that the varied curriculum has provided an opportunity for every student to excel in some part of the course. For retarded students given to poor self-concept and a defeatist attitude, pride is their most important scholastic achievement.

Individualized instruction

Some schools are individualizing instruction for every child and adding specialized support facilities to provide for the disabled. For example, when the Whitmer Human Resources Center opened in Pontiac, Michigan, students were assigned to their new class areas by lot—not according to their IQ or functional level. No student was ever publicly labeled a special education child. Only special education teachers knew which children had been diagnosed as moderately retarded, emotionally impaired, or learning disabled.

Within each class area, a differentiated team of six teachers was assigned to every 140 students and each team included a special education instructor. Thus, half of the new center's special education staff always worked in the academic areas with a mix of handi-

capped and normal students. The remaining special education teachers manned a special resource station called the "Learning Center" which houses all the special equipment and resource material. At any time, teachers in the academic areas could send a student with a problem to the Learning Center for specific training and therapy.

At the end of the first academic year, the districts department of special education surveyed the regular classroom teachers and asked them to pick out their handicapped students and assess their achievement over that period. Not surprisingly, the surveyors found that the achievement levels of special education children who had come from segregated classes soared 25 percent above their previous levels. Also predictable was the finding that the classroom teachers picked out 33 percent more children with problems than actually existed. However, school officials were astounded by the list of identified problem students. The classroom teachers missed almost 30 percent of the children formerly segregated in special education classes. Apparently, they had disappeared into the mainstream.

Of course, not all Pontiac's handicapped children attend regular schools. For more severely disabled students, the district provides special education classrooms and even special schools. Nevertheless, the Human Resources Center program upholds one of the basic tenets of the cascade system—that the greatest number of handicapped children can be educated in an ordinary classroom in a regular public school.

Resource centers and roving counselors

Bloomington, Minnesota Public Schools mainstreams their handicapped children a little differently. In the Oak Grove Elementary School, the district converted the kindergarten class areas into special resource rooms (including the equipment for educable mentally retarded, slow learning, hearing impaired, and visually handicapped students) for the academic enrichment of all children in the school. Most handicapped children spend some part of their day in individual instruction in one of these rooms. There are special education teachers, speech therapists, aides, diagnostic equipment, and part-time psychological counseling. Resources are so extensive that practically every student in the school is involved with one of the resource programs during some portion of his educational career. For the special education students, intensive teaching in the special programs enables most of them to spend 75 to 80 percent of their time in the mainstream programs.

Once these children reach the junior high school level, the resource rooms disappear. Instead, any child with a recognized disability is assigned to a special counseling division. All students attend classes together in open plan instructional areas. In order to prevent students from getting lost or losing contact in the competitive atmosphere of open instruction, the special counseling teachers rove the class areas checking up on their charges, tutoring for coming examinations, listening to lectures with the students, and asking pertinent questions when the students miss an important point. In effect, the special counselors are roving student's advocates used by all the students who see them as "on their side" of the learning process. These counselors tend to sharpen both teaching and learning so

well that the Oak Grove Junior High School has almost 200 educable mentally retarded, slow learning disabled, physically handicapped, mildly cerebral palsied, and visually and hearing impaired students who have disappeared among 1,200 normal students in the mainstream.

Annexes

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For the more severely handicapped, some schools are setting up special educational centers within an already existing school. For example, the Rachel E. Carson Intermediate School, IS 237, in New York City was originally designed for 1,000 students. By the time the school was constructed, however, the school's enrollment had decreased so dramatically that there were not enough students in the neighborhood to fill the four-story building. Rather than let the building go to waste, the school district turned the top floor over to the department of special education for the establishment of a district center for educable mentally retarded, learning disabled, emotionally disturbed, visually and hearing impaired, and physically handicapped students. From this center, the students are trained and their behavior modified with programs aimed at integration into the regular classes in progress on the three lower floors.

I.S. 237 does not use the resource-room model. It uses instead a special education division that gradually

prepares students to enter the mainstream, first in shop, and later into academic classes if they are able.

The coordinator of the special education program reports that more than half of the special education students are spending some time in classes with their normal peers. This year there are 15 handicapped youngsters in academic classes (next year they expect 30), including a dwarf with normal intelligence who was never before allowed in regular classes. In addition, all the school's students attend the same lunchroom, and assembly and gymnasium programs.

Some school districts are constructing new special education annexes onto regular schools. Miami's Dade County Schools is building special annexes onto seven strategic elementary schools. The annexes are viewed as special support facilities that encourage a handicapped child's gradual integration into mainstream classes in the adjacent elementary school. School officials call this process "fusing." All handicapped children are sent to a special school within each of the district's seven regions. Each of these schools includes an annex where the handicapped are given special attention by a multidisciplinary team of teachers, psychologists, therapists and aides. Although some classes group children in accordance with their disability, many are taught in large groups and all

the handicapped children enjoy eating and playing with the normal children during lunch and recreation.

Other school districts build annexes, not for all handicapped children, but for particular disabilities. Grand Rapids, Michigan, for example, is building a series of special annexes for the physically handicapped onto an elementary, intermediate, and high school so that these students will be able to follow a continuous integrated program throughout their educational career.

In Miami, the school district builds different annexes according to the students' age and academic levels. An elementary annex is essentially a special education center grafted onto an existing elementary school. For the junior high schools, however, the school district constructs a vocational career annex that serves all students. The new barrier-free annexes also contain specially designed equipment and material for disabled students. Miami school officials report that their fusing program works so successfully that there is no need for any specialized equipment by the time students reach high school. Instead, students are educated in accordance with their individual ability and initiative at their own rate of learning.

Rather than building special annexes for special children onto existing schools, Seattle has built multipurpose annexes onto newly modernized schools in order to enhance programs for both handicapped and normal students. Modernization of the 80-year-old Green Lake Elementary School called for the addition of a 37,000-sq-ft wing as well as refurbishing the old school spaces. The new annex contains large amounts of open plan academic space plus some self-contained intensive learning classrooms (for the part-time instruction of easily distracted students), as well as a learning resources center, kindergarten, conference rooms, and faculty and administration offices.

When Green Lake reopened, regular instruction took over the open plan areas and special education settled into the old classrooms. These old rooms were specifically refitted for a mixed modal teaching, play, and physical therapy program. Portions of the floor were carpeted, mirrors were put on the blank walls, and the institutional green covering most surfaces was repainted with bright, cheerful colors. Together with rocking chairs, wooden floors, and the original incandescent lighting, the old school building took on a warm, comfortable, home-like feeling and appearance. On the other side of the building, the new business-like open wing contained such attractions as music and arts rooms, the resources center, conference rooms, and special teaching areas. The advantages in both the old and the new schools soon attracted teachers in both regular instruction and special education. Special education staked out some territory in the open plan area

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and used the special resource facilities. Some of the regular teachers began to hold occasional classes in the old rooms now refitted with new materials. In short, the two programs began to merge as the territorial boundaries separating them broke down in favor of sharing the best of both old and new.

A new breed of school

The mutual use of space shared by special education and regular instruction influenced the origin of a new breed of schools specially designed to integrate handicapped students with youngsters from the surrounding community. Perhaps the first such school is the Danbury School in Claremont, California. Designed to mainstream 120 neighboring elementary pupils with 90 orthopedically handicapped, and six multiple handicapped youngsters drawn from all over the district, the school's layout comprises three open plan pods for the neighborhood kids and two adjacent pods twice the normal size for the handicapped. When the school opened, the two programs operated independently. However, they soon began to merge principally because special equipment for the handicapped attracted teachers from the regular program and because school officials deliberately planned a joint teacher planning office. For three years, the Danbury School featured an individualized curriculum which did not discriminate between handicapped and ordinary pupils. With barrier-free facilities reinforced by special support equipment, each child was able to proceed unencumbered at his own rate. However, due to a sudden decline in elementary enrollment in 1972, the district could no longer justify a continued program for the school's normal pupils. Nevertheless, the Danbury School still has one of the more effective designs for orthopedically handicapped children despite the loss of its neighborhood youngsters.

Influenced by the Danbury design, a small elementary school district in Fountain Valley, California, constructed one of these new mainstreaming schools in each quadrant of the district. Each school is designed for all children with a particular kind of disability. One school serves the learning disabled and the retarded with IQ's as low as 40. Another, the Plaven School, serves the physically handicapped and cerebral palsied. There is also a school for the learning disabled and emotionally disturbed, and another for visually, hearing, and perceptually disordered pupils. Each of the four schools is called a supplementary center and also serves its normal neighborhood children. In addition to the four supplementary centers, every school is reinforced with a special education resource teacher, a part-time psychologist counselor, and speech and language specialists in order to mainstream mildly handicapped youngsters. Thus, the four supplementary centers are able to function as temporary disability resource schools whose students can be sent to their home schools after treatment and training.

The Plaven School is Fountain Valley's newest supplementary center. Plaven was designed to mainstream 96 orthopedically handicapped children with 330 ordinary youngsters in preschool through 8th grades. Of course, the entire facility is barrier-free and half the school is specially equipped with physical therapy and muscular coordination machinery in special resource areas. Nevertheless, there are no real territorial boundaries between ordinary neighborhood youngsters and children impaired by accident, cerebral palsy, polio, birth defects, and skeletal

disorders. According to school officials, a natural mix of students integrated into a common program reinforced with special equipment which serves them all benefits every student. Each child is simply felt to possess a peculiar set of potentialities and shortcomings, and the extra equipment and personnel provided in the school apply to all the children. In fact, Fountain Valley's spirit of mutual cooperation has extended services to every orthopedically handicapped person in the city. The school district provided space in the Plaven School building for an independent orthopedic clinic which is operated by the local Crippled Children's Society. Thus, the society gets free space, the school gains from the clinic's special equipment and expertise, and the community benefits from the extra services provided in the new center.

Access centers

Rather than building new schools, some school districts are converting excess school space into specialized diagnostic, support, and early intervention facilities. Such centers are generally planned because as a part of a total system, they can be implemented quickly and so provide quick access to specialized equipment and personnel. The Family Learning Center in Toledo, Ohio, is an old elementary school building that has been converted into a resource and training center for very young deaf children who are trained along with their parents and siblings. Portions of the old school building were converted into living rooms, kitchens, bedrooms, and baths. Then, entire families with deaf children are brought into this laboratory in order that special teachers can teach each family member methods of communicating with and relating to deaf children.

When asked why convert the old school rather than send teachers directly into homes, program officers immediately offer two principles. First, the center's teachers are specially trained personnel who are not easily replaced and whose time is better used teaching than traveling. Second, if an entire family is committed to an appointment and meets the commitment, then teachers report that they are working with a more willing subject. More often than not, appointments in the home are not kept and thus valuable time and travel is wasted. The program has been so successful in preventing developmental failure that the school district has been able to mainstream almost all of the learning center's graduates into regular first grade elementary schools. In addition, parents who participated in the program are reporting huge gains in behavior and intrafamily relations.

There are various other exciting new programs that use families as the prime practitioners of special instruction. One of the more effective programs is the Tennessee State Department of Mental Health's Regional Intervention Program in Nashville. The RIP program, housed in a converted crippled children's hospital in a residential neighborhood, opened in 1969 with two objectives: to teach parents effective techniques for preventing or overcoming emotional and behavioral problems in young children before these problems become intractably ingrained; and to provide an immediate service to the largest numbers of clients at the lowest possible cost.

In order to meet these objectives, the program accepts problem children under five and their parents

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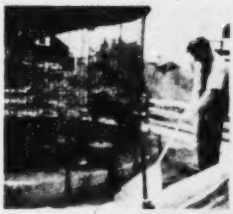
who have been referred by the department of welfare, social services, psychologists, or pediatricians. Both parent and child are immediately placed into a training program—parents into an orientation and child management course taught by mothers who are graduates of the RIP program, and children into a behavior modification and individual tutoring curriculum taught by both specialists and specially trained mothers. With only six full-time professional staff members, mothers furnish the bulk of RIP's services. The program is always assured of a trained staff of mothers because all services are free. Instead of fees, each mother pays for services by guaranteeing the program six months working time in addition to their training period. Thus, children in need of therapy can be helped by mothers already trained while their mothers are in training. More often than not, involved mothers stay with the program longer than their six-month indenture. According to an independent economic analysis conducted by the University of Tennessee, the Regional Intervention Program "is an economically justifiable operation even under ultraconservative assumptions. . . . It may, in part, stem from the program's extensive consumer involvement which may tend to increase efficiency relative to other service systems."



The Ranch in Menomonee Falls, Wisconsin, is a different kind of quick-response access facility. In 1964, the Milwaukee Public Schools Department of Special Education rented the use of a farm called The Ranch which was also a private school for trainable mentally retarded adolescents. By directly relating academic instruction to animal care, horticulture, and building construction, the farm environment proved an ideal tool for training the retarded. Students, for example, are taught rudimentary math by calculating feed ratios for the animals assigned to their care. The program was so successful that the school purchased some materials and the students built their own classrooms. Milwaukee Public Schools provides two full-time teachers and an aide. Today, The Ranch is a blend of students from various agencies including Milwaukee Public Schools, the state department of mental hygiene and the state division of vocational rehabilitation.

The Ranch's program is particularly inexpensive in view of its low per capita costs. State costs for institutionalizing the severely retarded in Wisconsin are about $12,000 per year. For $15 per student per day, The Ranch provides an academic and work training program used by various public agencies, a full- or part-time alternative to traditional programs for the retarded, a free public zoo frequently visited by children of surrounding elementary schools and a very successful work training and placement program. In fact, The Ranch finds permanent employment for an average of 15 students each year—many of whom live in the community independently.

Kenosha, Wisconsin, built an entire special education system based on its central access center. Because a section in the Wisconsin mandate requires that a multidisciplinary team assess special education students and recommend placement, Kenosha Unified Schools decided to house this team in a new kind of facility called the Assessment Center. An old school building was converted to accommodate the program in 1972. The school district then established a policy whereby all screening for placement in special education

classes, any behavior evaluation and all diagnostic testing would be funneled through the Assessment Center program. The process includes screening and interviews by psychologists, special education teachers, speech, hearing and vision specialists, and social workers. Together, the team appraises the problem, meets with the parents, and recommends placement.

Unlike a diagnostic center, Kenosha's Assessment Center also provides follow-through. Specifically, students recommended for placement are enrolled in one of a series of "transitional" classes housed in the Assessment Center. These classes, along with clinics for hearing, speech, vision, and coordination impairments provide students with fast, intervention training and therapy. Each transitional teacher works closely with the multidisciplinary team who charts progress in classes and continually assesses the student's reaction to therapy.

At the end of an average four-week course, the transitional teachers meet with the multidisciplinary team and parents, and choose among various alternative placements which range from integration into homeroom classes to intensive training at special schools. Even after placement, the Assessment Center retains responsibility for each student. Periodically, a diagnostic teacher and social worker follow up on the students, evaluating their progress, and modifying their program. If necessary, students are returned to the Assessment Center for re-evaluation.

According to Don Ricci, Kenosha's director of special education, "There are two advantages in starting with concentrated diagnostic services: One, we have an immediate impact on disabled children and so make them a little less miserable; two, by carefully evaluating the children when you are building your system, you make sure that the resulting programs and services have more good in them than harm."

Public school vocational centers

Vocational and rehabilitation centers are frequently specialized support facilities with great potential for young disabled children. Although most states maintain centers for occupational and physical rehabilitation, many public school districts have begun to build their own vocational and prevocational training centers. Such buildings serve as career magnet centers and attract students from all corners of the district. These vocational training centers also provide special programs for the handicapped which allow the disabled to be as much like an ordinary student as possible.

Public school vocational centers are unexpectedly common. The Granite School District in Salt Lake City has constructed two of them over the last five years. Their first vocational school, the Habilitation Center, was designed to provide occupational training programs for all students, but also included special provisions for the mentally retarded and emotionally disturbed. Although Granite School District provided the bulk of capital financing, federal and state governments also provided funds. In addition, a health and diagnostic center, jointly operated by schools, public health, and the division of vocational rehabilitation, is housed in the new school and now provides multiphasic screening for all new students. Disabled students worked so well with an individualized curriculum in

the new center that Granite school officials opened another vocational school in September, 1973. The new barrier-free facility is called the Hartdigsen Center and houses special programs and equipment aimed at the physically and multiple handicapped youngster. Interestingly, Granite's success has stimulated a rash of competitive copies in many surrounding school districts.

In Minnesota, a consortium of 17 local school districts established a joint coordinating council in 1969 in order to operate a comprehensive, vocationally oriented high school program for disabled students. The program is called SERVE, an acronym for Special Education Rehabilitation and Vocational Education, because it is an interagency effort involving three state agencies: the state department of vocational education, the state board of education, and the state department of vocational rehabilitation. Every high school in each cooperating school district has a SERVE classroom where handicapped and disabled students follow an individualized curriculum in vocational orientation and job-related academic activities. In addition, a special SERVE center was established in the existing area vocational high school, the 916 Vo-Tech Institute. Composed of four major components: a career exploration program, a work evaluation center, an individualized tutoring program, and an extensive learning resources center, the SERVE center works closely with the personnel from the Vo-Tech Institute so that special needs students are ultimately integrated into regular classrooms or placed independently with jobs in the community.

Many states have passed special legislation that allows school districts to pool their resources in order to offer special services that are not economically feasible for a single district. In New York State, the result of this district cooperation is usually a separate board of education composed of representatives from all cooperating districts. This board monitors the special facilities and programs. In Westchester County, New York, a half dozen school districts cooperated in the construction of a BOCES (Board of Cooperative Educational Services) Special and Career Education Center. The new center consists of four separate but closely interrelated buildings:

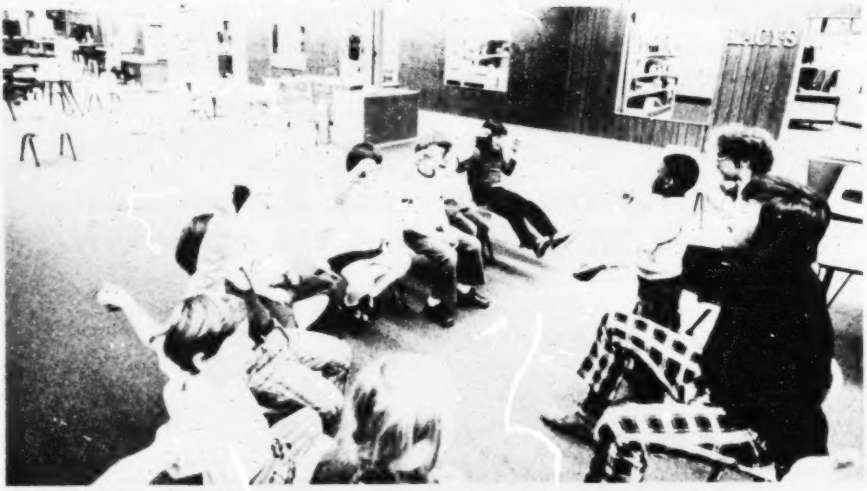
An open school for 150 trainable mentally retarded students.

An open school for 300 emotionally disturbed, learning disabled, and neurologically impaired children.

A career education center with all manner of training facilities for all kinds of occupations including food services, janitorial and maintenance services, construction trades, auto mechanics and body repair, large and small motor repair and assembly, electronics drafting, and horticulture.

The Exploratory Occupational Education (EOE) Building.

The EOE building is a new kind of facility offering a new kind of service for the marginal student. The building accommodates about three hundred 14- and 15-year-old students who have been identified by their counselors as likely high school drop-outs. Most of these youngsters have social, emotional, and developmental problems. Inside the EOE building there are eight shops,



each carefully delineated as an "exploring area." Students spend their time in these shops getting acquainted with eight general occupation fields: office and distributive education, agriculture, fashion, health, food services, metal, auto and building trades, and maintenance. During the basic two-year course, students begin to learn vocabulary, mathematics and reading not as abstract ideas but as specific needs associated with specific skills. At the end of the course the EOE instructors and the diagnostic clinicians square up the students' skill with their career aspirations and then enroll them into vocational courses at the BOCES career center—which is also used by regular students from the surrounding school districts—or into the high school classroom.

The two adjoining special education schools were built with open plan interiors. In the past, graduates from special schools in which students came from very small classrooms with close relations among students and teachers had great difficulty accommodating to the open environment in vocational centers. Thus, when the new schools were being constructed, the department of special education ran special teacher and student training programs in open lofts found in churches and VFW halls, and Elks lodges scattered over the community. By the time the new school was constructed and the interior layout was being considered, the teachers already knew exactly what they wanted, and the architects arranged interior partitions to match their needs.

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Community/schools

One alternative to building very specific, specialized facilities is to put together a large, very general education complex which incorporates enough services to meet almost any contingency. Generally known as community schools or allied service centers, school districts are beginning to aggregate their resources in these unitary delivery complexes because of some important advantages.

For example, the Whitmer Human Resources Center in Pontiac, Michigan, is a series of mini schools for 2,000 elementary pupils who rub shoulders and share space with the clients and users of a nursery school, a community college extension, adult education centers, medical and dental clinics, welfare and emergency relief services, legal aid services, citizen assistance, job training placement services, theaters, a gymnasium and

dance hall, a public restaurant, community lounges, meeting rooms, malls and ramped pedestrian streets for strolling and relaxing.

The center's special education program is an important example of how community involvement leads to in-service alliances and departmental innovation. During the early planning, community agitation over the treatment of the educable mentally retarded encouraged the district to develop a curriculum that erased the barriers between the retarded and the normal child. In cooperation with the school's regular staff, the special education department invented the "Learning Center," a resource room staffed by half the school's special education personnel. The other half is integrated into the regular team in the classrooms. Thus, all handicapped children are compassionately integrated into a continuous learning process while the normal children's curriculum is vastly enriched by new teaching techniques and technologies. In addition, special education benefits from and becomes a part of the myriad other services working together on whole problems instead of unrelated pieces treated by literally dozens of unrelated agencies.

Already under construction, another allied service center intends to carry the special education delivery concept even farther. The Human Resources Development Center in Hamilton County, Tennessee, involves the cooperation and eventual integration of 40 public and private agencies. The first component, the Child Development Center, comprising the county's kindergarten, special education, and Head Start day care program is already finished. Designed to be constructed incrementally, the final plan envisions four more components: vocational education, social services, administration, and multipurpose. The multipurpose component is an assemblage of all shared-use facilities including recreation, resource and media collection (built around a branch public library), food preparation, transportation, and storage.

Once the complex is completed, the buildings will form a single community services delivery system. The concept is particularly important for special education. Rather than a dead-end center featuring long-term programs for all exceptionalities, the Hamilton County center will become a clearinghouse of medical, dental, social, remedial, vocational, educational, and rehabilitation services for all the people in the area. There will be no full-time special education students. Instead, remedial programs will be offered as specialized support services enabling the surrounding schools to maintain their disabled children in local classrooms.

Various agencies including the Crippled Children's Society, a private school for the retarded, the state departments of mental health and vocational rehabilitation, the University of Tennessee, and the Hamilton County Department of Public Health, will coordinate their staff and services in order to provide broad spectrum care, treatment, and training for handicapped children and adults.

The new center is under the administration of a county board of managers composed of representatives from all 40 participating agencies. This board also manages the county's group homes and satellite centers for special services. In this manner, the entire county is covered by a network of easy-access resources operated by an interdisciplinary consortium of public and private agencies.

Magnet centers

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For some children, the least restrictive alternative is a special day school that provides sophisticated programs and facilities to children with common problems. In the past, there was a tendency to make such centers "catch-alls" for any child with a disability. Today, however, many school districts are constructing a new kind of facility often called magnet centers—a specially equipped school which, by dint of its technical equipment and trained personnel, draws severely disabled children from all over the district. Some school districts, like the BOCES cooperatives, combine their resources for the construction of a regional magnet center serving many school systems.

There are various kinds of magnet centers. Some serve only a particular disability. Others provide a specific function or resource for all classes of disability. In general, however, a special education magnet center is a school that provides comprehensive services for specific types of handicaps. Again, school districts must be very careful to avoid making magnet centers into one-way, dead-end catch-alls. Repeatedly, the courts have warned school officials that it is most desirable to educate handicapped children in a program most like that provided to ordinary students. Magnet centers, by definition, are restrictive environments. Nevertheless, for severely disabled children, the magnet center is a useful tool when used for part-time placement in a cascade of services.

Even among the specific disability magnet centers, there are wide differences in facilities, clientele, funding, and program objectives. For example, the Marvin E. Beekman Center for Trainable Children is a magnet center for retarded children who live in and around Lansing, Michigan. The Ingham Intermediate School District constructed the center in 1968 for 350 students. A similar magnet center, the Orange Grove Center for the Trainable Mentally Retarded, was constructed in 1970 by a private, nonprofit corporation run by the parents of retarded children in Chattanooga, Tennessee. Also

a private, contract residential service agency, Orange Grove draws children and adults from all over Tennessee and various surrounding states. Both schools serve approximately the same clientele, but the Beekman Center is a public school primarily funded through the Ingham Intermediate School District. In contrast, Orange Grove is a private school whose funds come principally from the state department of mental health and various public charities.

The two facilities are also very different. The Beekman Center is self-contained; most of its operations plus an adult activity center run by a tri-county community mental health organization are on the 57-acre

campus. Orange Grove, in addition to its central operation, maintains five off-campus group homes and independent apartment units. However, Orange Grove's plant, while colorful and boasting a warm, home-like atmosphere, is not unlike Scandinavian cottage schools for the retarded. On the other hand, Beekman is frequently cited for its pace-setting shopping mall—an open corridor designed to closely resemble an inner city shopping street. There are seven stores facing a paved street with sidewalks, curbs, a mailbox, and traffic light all covered by a barrel-vault dome painted blue with white clouds and indirectly lighted. Since Beekman, several other schools (the Walden School in Yorktown Heights, New York, and the Aero School in Burbank, Illinois, for example) have included a street of stores as an integral teaching tool for the retarded.

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Although both Orange Grove and the Beekman Center maintain a contract (sheltered) workshop, they use them differently. The Beekman workshop is used as the prime employer of the school's graduates. Since 1968, the school has placed 24 graduates, five of whom live independently, employed by commercial businesses at a full wage. Orange Grove's workshop, on the other hand, is an incorporated, self-supporting factory manu-

facturing 75,000 pens and mechanical pencils every working day. The school uses this workshop as a training facility prior to placement with a local industry. Although Orange Grove's students are severely retarded, more than 300 graduates have been placed in jobs paying full wages. On the average, about 10 percent of these graduates live independently in the community.

School districts in various states are opening new magnet centers aimed at other disabilities. There are new centers for the deaf, the emotionally disturbed, the physically handicapped, the mentally retarded, the blind, the brain damaged, the cerebral palsied, and the learning disabled. In fact, some school districts are even developing new magnet centers for new specialties: the deaf/blind, the blind/mute, the handicapped/retarded, the emotionally disturbed/developmentally disabled, and other multiple handicaps.

New York City has recently opened a new school for its new specialty. Called the Center for Multiple Handicapped, the new school is located on the first floor of a former film processing factory. The building is owned by a commercial photographic laboratory. The board of education, among other public agencies, leases space directly from the owners. Hunter College's Institute of Health Sciences leases the floor above the center and there is bustling commerce between the two agencies. Health Sciences sends its students into the center's classes for in-service training. In turn, the

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multiple handicapped students go upstairs for diagnostic and physical therapy and rehabilitation. The Center accepts only children with at least two major disabilities and provides an interdisciplinary team for intensive training and therapy. During some point in their educational careers, students are transferred into special education classes. At this time, there is some difficulty in choosing an appropriate re-entry class when each child has two major handicaps but the school district is currently developing alternative services for all children.

Conclusion

Thus, by the hundreds of thousands, handicapped children are enrolling in local public schools. According to law, public schools must accept these children and must provide whatever remedial and compensatory service necessary to educate them in the least restrictive environment. Obviously, most school districts do not now have enough services to provide for all handicapped children. For some children, compliance with the law merely requires a change in district policy but many handicapped children need compensatory facilities and equipment which most schools do not possess and sophisticated remedial programs which most schools do not now provide. Public schools alone cannot fulfill these needs. To do so would ignore and duplicate the rich resources of already established services. Rather, innovative school districts are sharing and integrating their responsibilities with other public agencies and thereby offering more effective programs—programs that produce graduates who contribute to society as parents, workers, and taxpayers. The equal rights movement for the handicapped is rapidly shifting toward matriculating disabled children into normal adult society. In order to match the means with the ends, public schools of the future will probably have to abandon the unilateral approach to special education and instead adopt new partners who will cooperate in the delivery of multipurpose, all-inclusive, intergenerational services to the community.

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